

**Kentucky Department of Education
Award Notification**

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| 1 | Name and Address of Recipient: Agency Name Carter County Board of Education Street Address 228 S. Carol Malone Blvd. City, State Zip Grayson, KY 41143 | 7 | Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____ |
| 2 | KDE Contact Information: Program Consultant Donna Tackett 502-564-3791 ext. 4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact Judy Howard – 502-564-1979 ext. 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 | Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 | Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 320A MOA Number | 9 | Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 | Grant Authority (Source): Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 | Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____ |
| 5 | Award Amount: \$100,000 East Carter High School (HUB School) | 11 | Evaluations: |
| 6 | Period of Award: July 1, 2014 – September 30, 2015 | | |
| 12 | Consortia/Partnership Members: | | |
| 13 | Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 10, 2015. | | |
| 14 | Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits Date: July 1, 2014 | | |

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Award Notification**

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| 1 | Name and Address of Recipient: Agency Name Pulaski County Board of Education Street Address 500 East University Drive City, State Zip Somerset, KY 42502 | 7 | Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____ |
| 2 | KDE Contact Information: Program Consultant Donna Tackett 502-564-3791 ext. 4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact Judy Howard – 502-564-1979 ext. 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 | Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
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| 4 | Grant Authority (Source): Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 | Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____ |
| 5 | Award Amount: \$100,000 Pulaski High School (HUB School) | 11 | Evaluations: |
| 6 | Period of Award: July 1, 2014 – September 30, 2015 | | |
| 12 | Consortia/Partnership Members: | | |
| 13 | Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 10, 2015. | | |
| 14 | Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits Date: July 1, 2014 | | |

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| 1 | Name and Address of Recipient: Agency Name Simpson County Board of Education Street Address 430 S. College Street City, State Zip Franklin, KY 42134 | | Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____ |
| 2 | KDE Contact Information: Program Consultant Donna Tackett 502-564-3791 ext. 4046 Street Address 500 Mero St., 8 th Fl., CPT Budget Contact Judy Howard – 502-564-1979 ext. 4322 Street Address 500 Mero St., 16 th Fl., CPT City, KY Zip Frankfort, KY 40601 | 8 | Method of Payment: <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor |
| 3 | Description/Fund Source of Award and Fiscal Year: Description Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (a) CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A140017 MUNIS Project Number 320A MOA Number | 9 | Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____ |
| 4 | Grant Authority (Source): Title I, Part A Section 1003(a), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85 | 10 | Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission CDIP <input type="checkbox"/> Other _____ |
| 5 | Award Amount: \$100,000 Franklin Simpson High School (HUB School) | 11 | Evaluations: |
| 6 | Period of Award: July 1, 2014 – September 30, 2015 | | |
| 12 | Consortia/Partnership Members: | | |
| 13 | Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. The final Federal Cash Request must be submitted by December 10, 2015. | | |
| 14 | Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits Date: July 1, 2014 | | |